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ORIGINAL ARTICLES

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FREUD AND THE FREUDIANS.*

By EVA CHARLOTTE REID, M. D.

There is no physician living today whose name is more widely known and frequently used by both the medical profession and the laity than that of Professor Sigmund Freud of Vienna. The various derivatives of his name, freudian, freudianism and the freudians are now used as common nouns and adjectives, and written without a capital letter, in the same manner as we speak of a ford car, an edison phonograph or a bell telephone.

Probably no theories ever propounded produced more warm adherents and more bitter antagonists than those of Freud. When such is the case one is led to suspect that the theories are a composite of truth and error and that the adherents see only the former and the opponents the latter. It has therefore been the duty of those who were more or less neutral on the subject to smelt out in the crucible of experience the truth from the error.

Hysteria as a definite entity was first described by Charcot in 1884. He demonstrated that traumatic neuroses could be produced by purely psychic causes, and produced paralysis by hypnosis and even suggestion. In his treatment he adhered strictly to mechanical and chemical therapy. Pierre Janet went a step further and cured a case of traumatic hysteria by hypnotizing the patient,

taking her back to the time when the shock occurred and suggesting that it was harmless. Gower and Mitchell in England and Prince, James, White and Sidis in America produced similar results under hypnosis.

It remained for Freud to discover that the neuroses produced by psychic trauma could be cured by psycho-analysis and psychotherapy without hypnosis. In 1893 Freud and Bruer wrote an epoch-making article entitled "Psychic Mechanisms of Hysterical Phenomena" and in 1895 they gave to the world "Studies in Hysteria" which contained the fundamental ideas which led to psycho-analysis, and in 1901 "The Psychopathology of Everyday Life." These writings have revolutionized psychiatry and psychology, and bid fair to revolutionize medicine.

Little attention was paid to the writings of Freud until 1911, when a neurologist of Vienna gave a public lecture in which he condemned Freud and all his works in the most vivid terms. To prove his assertions he read extracts from the writings of Freud. The result was, of course, the opposite from what he had intended, and the audience arose en masse and migrated to the book stores to purchase the books of Freud. For months the printing presses were kept busy supplying the demand.

In America the "old guard" in neuropsychiatry, led by Dercum, Burr, Mills, Dana and others, at first ignored the Freudian movement, but as its adherents, led by White, Jelliffe, Brill and Ernest Jones, grew in numbers and literary productivity the neuropsychiatric world became more or less divided into two camps, freudians and anti-freudians. While the conflict never reached the point of open denunciation and vituperation as it did in Europe, no neuropsychiatric meeting is considered complete without a more or less heated discussion of freudianism. The freudians have insinuated that the resistance of the opposition was based on repressed complexes which might be eliminated by psycho-analysis. The anti-freudians have hinted that anyone who interprets the dreams and subconscious reactions of his patients after the manner of the freudians must himself be abnormal. Morton Prince believes they are both psychological problems as much as a case of psychoneurosis. More and more neuropsychiatrists are taking a middle ground, and are making use of the great therapeutic agent of psycho-analysis while discarding the erroneous doctrines of Freud.

To give a brief resumé of the theories of Freud is not easy. It is characteristic of Freud and the

*Read before the San Francisco County Medical Society, September 5, 1922.

BOOK REVIEWS

History and Bibliology of Anatomic Illustration in its relation to anatomic science and the graphic arts. By Ludwig Choulant. Translated and edited with notes and a bibliography by Mortimer Frank, B.S., M.D., 435 pages. Illustrated. Chicago: University of Chicago Press. 1920.

A beautiful translation of Choulant's book illustrated with many wonderful drawings of the ancient anatomists. The drawings of great artists, da Vinci, Rubens and others of their time who considered the human body less as a dissected specimen than as a living and moving handiwork of Nature, will make this work a delight to those who long for an occasional holiday from our card-catalogued and matter-of-fact surroundings.

L. E.

Life of Jacob Henle. By Victor Robinson. New York: Medical Life Company. 1920.

An interesting, rather sketchy, account of the life of Henle and his friends. As Henle had the faculty of making sincere and lasting friendships, there is about as much space devoted to the latter as to the former.

The book furnishes an hour or two of pleasant reading, and may serve to stimulate the interested to a more extended study of the life of one who is remembered now as an anatomist whose name is associated with several structures.

Whereas his early life had its share of romance, ranging from imprisonment to educating a serving maid to take her position as his wife, his later years were passed in the quiet of Gottingen in the midst of a devoted family and friends.

The last chapter, dealing with the contributions to science, though containing all the material, might be improved by an appended bibliography.

A. L. F.

Hayfever and Asthma—care, prevention and treatment. By William Scheppergrell, A. M., M. D. 274 pages. Illustrated with 107 engravings and 1 colored plate. Philadelphia and New York: Lea and Febiger. 1922. Price, \$2.75.

The book is a concise treatise on the relation of hayfever to wind-borne pollens by one who has done much original work in this field. It should serve as a reference book for anyone treating hayfever. There are several tables giving the most frequently met hayfever plants in each State and their approximate dates of pollination. Many illuminating points, not heretofore generally known, are brought to the reader's notice. The book is recommended to anyone interested in this malady, which affects about one per cent of our population.

J. M. R.

BOOKS RECEIVED

Ophthalmoscopy, Retinoscopy, and Refraction. By W. A. Fisher, M.D., Chicago, Professor of Ophthalmology, Chicago Eye, Ear, Nose, and Throat College; late Professor of Clinical Ophthalmology, University of Illinois. 248 illustrations. Published by W. A. Fisher, M. D., 31 North State Street, Chicago, Ill.

Physiology and Biochemistry in Modern Medicine. By J. J. R. MacLeod, M. B., Professor of Physiology in the University of Toronto; formerly Professor of Physiology in the Western Reserve University, Cleveland, Ohio. Assisted by

Roy G. Pearce, A. C. Redfield, and N. B. Taylor and by others. Fourth edition. 243 illustrations, including nine plates in color. St. Louis, C. V. Mosby Company, 1922.

Physical Diagnosis. By W. D. Rose, M.D., Lecturer on Physical Diagnosis and Associate Professor of Medicine in the University of Arkansas. Third edition. 319 illustrations. St. Louis, C. V. Mosby Company, 1922.

The Elements of Scientific Psychology. By Knight Dunlap, Professor of Experimental Psychology in The Johns Hopkins University, Baltimore. Illustrated. St. Louis, C. V. Mosby Company, 1922.

Socialistic Tendencies in Medicine—In recent years, under cover of promoting the welfare of society or of some part of it, James A. Gardner, Buffalo (Journal A. M. A., August 12, 1922), states that many so-called reforms have been inaugurated which, in reality, are little more than the outcome of the emotional desires of restless faddists or of the ideas of extreme and radical discontents. The contention is sane that all reforms of whatever nature should be made only after patient and scientific investigation of the causes and the cure of the evil sought to be corrected, and that the desire to bring about such reforms presupposes knowledge obtained by serious investigation and careful research, unhampered by emotion or prejudice. The field of medicine has been a fertile one for the agitator and the propagandist. Reformers and up-lifters have been allowed to invade, unopposed, the practice of medicine and surgery, until the time has arrived for raising the danger signals. The peril of the situation becomes more urgent when it is realized that the public is being educated to believe that the socialization of the medical profession will bring higher standards of health. The fact is that, with the initiative and individuality of the physician removed, the profession will cease to attract to it men of energy, ability and ambition, who are now keeping American medicine in the front rank of intellectual and scientific achievement. Prevention and education need the aid of the Government; but the State should not compete with individual skill and superior knowledge and efficiency in the care of those who have money to pay, and so should not be treated at public expense. Public health is the musical instrument easiest for the welfare worker to play, and the softest chord is the venereal problem. It is not wise for a State to pauperize its people, nor is it fair to the medical profession to deprive it of its legitimate livelihood. The physician has always been too busy looking after the needs of his patients to give much time to his own interest. Unless he awakens to the drift of the tide, there will soon be little inducement for a young man of real ability to enter the medical profession. The field of social welfare or social reform has developed to such an extent in recent years that it is now a recognized profession, remunerative and popular. The solution of this problem is suggested by Gardner under three heads: (1) There should be a social service, ably trained to make real and thorough investigations and competent to distinguish between the needy poor and those possessing the ability to pay. (2) There should be an awakening of the medical profession to the realization that it is equally responsible for this pauperization. There should be censorship of the services of the physician by some responsible body like the county medical society, as has been done in contract practice, so that patients able to pay should not be cared for gratuitously. (3) There should be education of the public to an understanding that if the standards of medicine are lowered through the loss of impetus and initiative in the young physician, the public will be the chief sufferer.